

Please type a plus sign (+) inside this box → +

1655

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **2**

Application Number **10/027,807**

Filing Date **October 19, 2001**

RECEIVED

First Named Inventor **GAN, LI**

NOV 26 2002

Group Art Unit **1655**

TECH CENTER 1600/2900

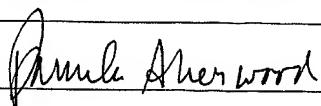
Examiner Name

Attorney Docket Number **AGYT-013CIP**

ENCLOSURES (check all that apply)

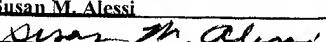
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	1. Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	PAMELA J. SHERWOOD, Reg. No. 36,677	
Signature		
Date	November 20, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 20, 2002.

Typed or printed name	Susan M. Alessi	Date	November 20, 2002
Signature			

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



AGY THERAPEUTICS;

650 615 4544;

Nov 02 10:18AM;

Page 3/3

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.

Typed or Printed Name Susan M. Alessi

Signature *Susan M. Alessi*Date *11-20-2002***REVOCATION OF POWER OF ATTORNEY/POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**Commissioner for Patents
Washington, D.C. 20231

Attorney Docket AGY-T-013CIP

First Named Inventor GAN, LI

Application Number 10/027,807

Filing Date October 19, 2001

Group Art Unit 1655

Examiner Name

Title: "HIGH-THROUGHPUT TRANSCRIPTOME AND FUNCTIONAL VALIDATION ANALYSIS"

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners at:



24353

24353

PATENT & TRADEMARK OFFICE

whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.



Please change the correspondence address for the above-identified application to the above-mentioned customer number.

STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on April 15, 2002 at Reel 012832, Frames to 0534.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

Applicant; or
 Assignee of record of the entire interest
 Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of RecordName *Karoly Nikolic, President and Chief Executive Officer*Signature *Karoly Nikolic*Date *11/19/02*